



CHECK REQUEST & EXPENSE REIMBURSEMENT

*(This form should be submitted with the Calendaring Event Form)
Please note payment for professional services will be paid directly to the vendor,
exception to be approved by Chair of Trustee. Document subject to Pastor's review.*

Current Date: _____

Your Name: _____ Ministry or Vendor: _____

Director's Signature: _____

Program/Event Name: _____

Request must be submitted to the office by Monday at 12 noon. Allow seven business days for check to be processed.

CHECK REQUEST *(This is for a pre-approved expense and/or purchase.)* Budget Line # _____

Current Balance _____

Yearly Budget Amount _____

Invoice No. _____

Make check payable to: _____

Address: _____

Purpose/Service Provided: _____

\$ Amount Requested: _____ Date Check is Needed: _____

Name of Ministry to be Charged: _____

Receipts are due immediately after purchase but not more than 5 days after receipt of the check. Receipts must be turned into the Accounts Payable Office. The requester will be responsible for submitting cash for any receipts not received.

EXPENSE REIMBURSEMENT

(All expenses must be pre-approved through a Purchase Order Request Form.)

Make check payable to: _____

Purpose/Service Provided: _____

\$ Amount to be Reimbursed: _____ Date Check is Needed: _____

Name of Ministry to be Charged: _____ Approved PO# _____

Receipts must be attached to this request and turned into the Office. The requester will not be reimbursed for any unapproved purchases. There will be no exceptions.

APPROVALS

(Church Office Only)

Chair of Trustee: _____ Date: _____ Approved / Rejected

Treasurer: _____ Date: _____ Approved / Rejected

Check Date: _____ Check Number: _____

(Breakdown of expense itemized on the back)

